

## BEST AVAILABLE COPY

MULTIPLE DEPEN. FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						CLAIM	SERIAL NO. <b>10 / 541 083</b>	FILING DATE				
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1					51					
2		1				52						
3		1				53						
4		1				54						
5		1				55						
6		1				56						
7		1				57						
8		1				58						
9	1					59						
10		1				60						
11		1				61						
12		1				62						
13		1				63						
14		1				64						
15		1				65						
16		1				66						
17						67						
18						68						
19						69						
20						70						
21						71						
22						72						
23						73						
24						74						
25						75						
26						76						
27						77						
28						78						
29						79						
30						80						
31						81						
32						82						
33						83						
34						84						
35						85						
36						86						
37						87						
38						88						
39						89						
40						90						
41						91						
42						92						
43						93						
44						94						
45						95						
46						96						
47						97						
48						98						
49						99						
50						100						
TOTAL IND.	2											
TOTAL DEP.	14											
TOTAL CLAIMS	16											